



A Unique Resource for the Nation

SEA Travel Authorization Form

SEA5310-39 V2.3 (11/2001)

All approved travel authorizations must be attached to SEA Travel Reimbursement Form

For Assistance, please contact:
(202) 842-0388/h.adasi@sea2.org
(202) 842-0403 - Fax

Traveler's Name	Institution	E-mail:
Expected Travel Dates From _____ To _____ (Date) (Date)		Travel Location:
		Accompanied by (if any):

Business Purpose:

- | | |
|--|--|
| <input type="checkbox"/> Steering Committee Mtg. | <input type="checkbox"/> Programmatic Travel |
| <input type="checkbox"/> Design Team Mtg. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Board Meeting | |

Traveler's Status:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> SEA Headquarters | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> SEA Faculty | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> SEA Student | |

THIS FORM MUST BE PRE-APPROVED BY THE SEA EXECUTIVE DIRECTOR

***Brief Description of Anticipated Travel (Attach Statement of Work)**

§ I certify that anticipated expenses represent official SEA business and authorized allowable expenses. This single authorization is for the purpose of the travel described above. Traveler is responsible for obtaining authorization for all other anticipated travels.

Authorized by:
Science and Engineering Alliance, Inc.

Executive Director

Date